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Dear Vermont police reform participants,

I am writing today to make a grievance regarding the unfortunate experience my husband and I had with the Milton police department. The grievance I am making is regarding my direct experience with the Milton police staff and as a third party to my husband's encounter. This is coming from my lens as both a Milton community member and as a Vermont State Licensed Alcohol and Drug Counselor and rostered psychotherapist with a specialization in trauma. Please disperse this letter to additional community leaders to increase awareness of Milton Police misconduct and the need for further competency training. I will first recount my interpretation of the incident and then provide my concerns and objectives for change.

On the morning of Tuesday, February 18th, 2020 at approximately 5:08am I received a phone call from my husband, Warren Stickney, who was on his way to work at the University of Vermont Medical Center for his 5:30am shift. He stated "I need help. I crashed the car. I had an episode and woke up in a snowbank." His voice was slightly shaky and monotone, affect sounded fearful. I asked if he was physically hurt from the accident and he claimed that he was not. He shared that he was in shock after waking up from the episode with no glasses on his face and the car in a snowbank. We made a plan for me to bring him to the Emergency Department, and for Warren to call the police to have a crash report completed.

I arrived about 10 minutes after speaking with Warren, and he sat with me in the car until the police arrived about 5 minutes later. Warren was wearing a gray hooded sweatshirt, his black cargo uniformed work pants, black work shoes, and baseball cap. It was very cold that morning and still completely dark out; his body was shivering, hands clasped together, shoulders shrugged and tight, torso rocking itself as he tried to calm and warm up. It was painful to see him so dysregulated, and I was very eager to get him to the hospital. Two police cruisers arrived at the location and Warren spoke with 2 police officers. He eventually got into the car with me again and was shaking even more due to the frigid weather. He shared that "they told me to get in the car to warm up for a minute". Warren sat in the car for about 1-2 minutes and was then asked to exit the vehicle with body still shaking, hands freezing. A few moments later I looked into my rearview and noticed they were shining a piercing bright light into Warren's eyes, and soon had him trying to move his body around; I assumed they were putting him through field sobriety testing by the motions he was attempting. I could not believe what I was seeing.

After several minutes had passed, I was asked by an officer, whom I believe was Corporal Chris Grenier, "Does your husband take any medications?" I shared "Yes, he is prescribed Zoloft." I was then informed that they were investigating for a possible DUI situation. I explained of his medical condition and urged that he get to the hospital, that he was not impaired by substances,

and that I was deeply frustrated with their current actions and decisions. I stated to Corporal Grenier, “Didn’t you see that heart monitor on his chest?” Grenier rebutted that Warren denied having an ambulance transport him to the hospital. My heart sank as I remembered our plan for me to bring him as to avoid the excessive transport fee since he did not feel he was injured by the accident. We recently purchased a home in Milton, have a 2-year-old son, and work for non-profit agencies. Using an ambulance was a luxury to us at this point, and the last resort. I asked the officer what evidence triggered them to assume a DUI and he explained that he was not a part of the investigation and did not know. The officer stated he would return with an update on the outcome of the field testing.

I was devastated. I knew my husband was not impaired due to substances. I immediately thought to call Warren’s doctor, and quickly realized that it was not even 6am, and there was no one at the office. I felt helpless, confused and angry. We had called the police to follow procedure; to access their service of making a police report for the vehicle accident. Now they were harming my husband by causing further psychological trauma and keeping him from receiving medical care that he needed to receive for his own safety. I thought to myself, ‘I know Warren told them he lost consciousness, don’t they know the symptoms of shock or trauma? Why are they putting him through this?’ I remained in my vehicle as my emotions began to escalate. I felt like they were violating our rights to get him medical care, and most likely targeting my husband because of his appearance. I thought, ‘If he was 20 years older and gave the same report to them, would they be treating him like this?’ ‘If he did not have tattoos on his hands, gauged earrings, and wearing something other than just a ‘hoodie’, would they have chosen to override his declination of an ambulance transport and responsibly cleared him medically before continuing this investigation?’ I remained in my vehicle for fear of retaliation.

Only a few minutes later, I was informed by the same officer that Warren was “denying” completing the field testing and that they were “bringing him into the police station” to detain him “until the Drug Recognition Expert could evaluate him”. I was terrified. Out of desperation, I asked the officer how I could support my husband. I had never experienced anything like this and did not know how to navigate the police system. He informed me that I could go to the police station and wait there for further information. I watched as my husband was escorted to the police car hand-cuffed, angry and scared, yelling out his disbelief of what was happening. It is a memory that will never leave my mind.

I drove to the Milton police station, rang the doorbell, and was greeted by Officer Bill Bosworth asking my purpose for seeking entry. I explained that I was advised by other police staff that I was able to wait at the station to receive status updates on my husband’s custody. Upon sharing this, Officer Bosworth scoffed, rolled his eyes and said, “Well it’s gonna be awhile.” I entered the building and began to ask him if he could help me better understand what was going on. He responded in a tone that was defensive and rude. I immediately asked if I had said or did something that offended him and explained to him how I perceived his communication approach. He seemed to be offended by the question itself. We continued to have a lengthy discussion as I tried to explain my husband’s medical history and plead for them to release him into my care so I

could bring him to the hospital. Throughout that discussion, Officer Bosworth made several statements that concerned me which I have listed.

1. When I was sharing about Warren's recent medical treatment involving Zoloft, Bosworth struggled to express any type of empathy or care. He started talking about Zoloft as being a dangerous drug to drive on and called it a "Central Nervous Depressant". I informed him that Zoloft is not a CNS, but an SSRI, and attempted to explain the difference. I encouraged him not to speak about topics, or make criminal accusations, if he does not have adequate knowledge on them. After this he stated, "well if we can't get him for a DUI then we will charge him with negligent driving because he already had this condition". This was after I openly shared that all previous episodes occurred with prior prodromal symptoms, and this episode did not, which is why a crash actually occurred. His doctor never advised him to not drive.
2. Another point of concern was Officer Bosworth asking me uncouthly, "Do you know how fast he was driving?! Probably 35 miles an hour." I asked, "What is the speed limit there, 30?" Bosworth responded "It's 35...." I quickly asked, "Then why are you saying that like he is a criminal or did something wrong?" Bosworth brushed it off.
3. When discussing the specific accident, he spoke of what they perceived occurred during the crash "He went off the road, drove up a snow bank, caught air and then landed in another snowbank," with a smirk, chuckling several times as if he found humor in it. He quickly went on to say in a very serious, stern tone with a furrowed brow "He could have gone into the other lane and seriously hurt or killed someone else". The impression this representation gave me was that he did not care for Warren's well-being. Again, I immediately stopped the conversation and asked if I could give him feedback on how he was interacting with me. He agreed, and I repeated back, in the same tone, exactly what he said to me, and informed him that it was inappropriate to laugh about someone's loved one who just got into an accident and could have died. He became defensive and I noted that he agreed to receive feedback and was now unable to accept it. He asked if I was recording the conversation, which I was not. At this point Bosworth excused himself and I did not have any further encounters with him.

Overall, my experience with Officer Bill Bosworth was quite alarming. He used intimidation and ridiculing to navigate our discussion and exert his authority. This type of behavior is unacceptable to me.

After Bosworth's exit, I continued to wait at the station, and eventually spoke with Corporal Grenier. This interaction was much more mature. I felt that he was not disregarding the difficulty of the situation and my concern for Warren. He demonstrated an ability for empathy, active listening and neutrality. I was eventually informed by Grenier that Warren was being transported to Northwest Medical Center by police cruiser for blood testing and that I could meet him there where he would be released.

I soon brought Warren to the emergency department after he was released from police custody. His providers informed us that his heart had stopped for about 8 seconds during the time of the crash which caused him to lose consciousness. He received a pacemaker the next day. Fast

forward several months later, and at 8pm on June 9, 2020, I watched as a police cruiser pulled up into our driveway. Warren spoke to the officer and returned with a citation for court due to being charged with a DUI. Warren shared that the officer stated it was due to a mix of Cannabis and Sertraline (Zoloft) found in his blood test result.

I have several concerns regarding this charge. The substances that he is being investigated for are ones that have long elimination half-lives and do not leave the system immediately. This does not mean they are continuing to have an effect. It is incorrect to assume that someone is experiencing impaired side-effects simply because they are showing up on a toxicology report. It is my understanding that there is not sufficient research at this time that indicates a specific blood level of Cannabis in the system that reliably equates being ‘under the influence’ or ‘impaired’ to drive. There is also not sufficient research that supports the combination of Cannabis and Sertraline in the blood causing impairment regardless of personal factors such as brain chemical balance (neurotransmitter function, gastrointestinal function, weight, tolerance, etc.). Using a blood test as the only indication that someone is impaired to drive is neither reliable nor valid scientifically. Doing so seems irresponsible and assumptive. I realize that this is why the VT State Highway Safety Office have paired with the International Association of Chiefs of Police to train certain officers as Drug Recognition Experts. After further research, I have learned that DRE’s are not trained in the presenting signs of psychological trauma nor internal trauma, which I find to be a huge gap in knowledge for this type of examiner competency. I also find it frustrating that on the VT State Highway Safety Office website (<https://ghsp.vermont.gov/programs/dre>) it lists “anti-depressants” under “CNS Depressants”. This is not true for all psychotropic medications that treat mental health symptoms. It is misleading and incorrect.

In the case of my husband, I am grateful that he did not engage with the Milton Drug Recognition Expert. I fear he would have mistaken Warren’s somatic (physical) signs caused by his heart malfunction and psychological distress of the car accident as ‘being under the influence of substances’. These types of traumas can cause significant cognitive and physical impairment for several hours after the incident. I believe that the Milton Police Department neglected their duty to medically clear Warren prior to investigating their suspicion of a DUI. I believe this charge was based on bias, abuse of authority, and lack of competency as listed above. I am concerned that if he had another episode while being detained that he could have died. It is blatantly clear to me that the car crash was caused by Warren’s heart stopping. The charge of a DUI with only a blood test as evidence seems reckless and opportunist in this case when the reason for the crash is clearly medical, and no other evidence is reliable to indicate substance use impairment. It has caused me to lose trust in the police of our town, where I also live and provide service.

After reviewing the Town of Milton Employee Professional Code of Conduct, I believe that the following codes were violated by Milton Police Department staff:

Professionalism: Employees will be responsible for their professional performance and will take every reasonable opportunity to enhance and improve their level of knowledge and competence.

Competence: Having the required skill or knowledge to perform one's expected duties. If an employee is lacking in some area necessary to do a good job, employees should seek training or pursue studies to increase their competence. Management should monitor staff and assure that they have what they need to continue increasing their competence

Fairness: Every employee is expected to help facilitate the equitable delivery of public services regardless of who the resident is. Employees are also expected to respect the needs, cultural backgrounds, and values of others

Directly Referenced from: <https://www.miltonvt.gov/DocumentCenter/View/199/Employee-Professional-Code-of-Conduct-PDF?bidId=>

I am a Milton resident who is driven professionally to end the stigma towards mental health issues, substance use, and chronic health conditions in our community. After enduring this adversity directly and as a third party, I have provided a list of aspirations I believe will decrease the likelihood of this type of police behavior persisting in our town.

I request that policing members of the Milton Police Department, especially those connected with this case:

1. Review the Town of Milton Employee Professional Code of Conduct, identify and work on any internal biases, and treat all civilians, fairly and respectfully, regardless of how they are being treated, regardless of whether it is assumed they have committed a crime or not.
2. To take reported health conditions seriously and not act as experts on topics that are not in their scope of knowledge.
3. Engage in further competency training on the effect of both physical and psychological trauma on the nervous system.

I ask that the Milton Town consider embedding a mental health clinician or social worker within the Milton Police Department. They are the only department in Chittenden County who does not have one.

Lastly, upon review of this information, I urge you to drop the DUI charge for Warren Stickney.

I appreciate your time and consideration regarding this case.

Sincerely,

Tory Stickney, MA, LADC, Rostered Psychotherapist